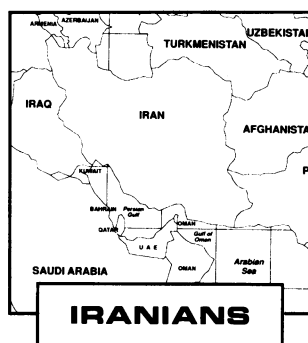


- An estimated 800,000 Iranians have migrated to the United States since 1980
- Most refugees were fleeing the consequences of the 1979 Islamic revolution and the 1980s Iran-Iraq War
- Iranians are a heterogeneous population—socially, religiously, and economically



Cross-cultural Medicine

A Decade Later

Dysphoria and Somatization in Iranian Culture

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Iranians express dysphoria through an undifferentiated term called *nārāhati*, meaning depressed, ill at ease, nervous, inconvenienced, or anxious. People try masking this emotion or express it in specific ways nonverbally, such as sulking or not eating. Two other dysphoric affects, sadness and anger, are not masked. Because of the social conception of persons being emotionally sensitive, the expression of *nārāhati* is guarded: expressing it not only could show that one is socially vulnerable, it could also make another sensitive empathic person *nārāhat*. The body is also sensitive, but to the physical world. Physical health is maintained by balancing a diet of "hot" and "cold" foods and avoiding exposure to cold and moisture. With the social and cultural problems brought on by revolution, war, immigration, and accommodation to a new society, Iranian refugees experience changes in family, role, status, finances, language, and other sociocultural ways of being that cause them to feel *nārāhat* and to express it verbally, nonverbally, or through somatization. Understanding Iranian conceptions of emotional and physical sensitivity will help clinicians in treating Iranian patients.

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As a consequence of Khomeini's Islamic revolution in 1979 and later on the Iran-Iraq war, many Iranians immigrated to the United States. These refugees are socially, religiously, and economically diverse. They come from various cities in Iran, each with its own regional subculture. Among the refugees are university-educated middle-class physicians, pharmacists, nurses, engineers, professors, and lawyers, as well as grammar school-educated millionaires, merchants, and artisans. Some were able to bring money out of Iran and start businesses in the United States, whereas others lost their resources. Many families immigrated as a unit, but others split up because siblings, children, or parents were denied passports by the Iranian government. Some Iranians left their country legally by plane, and others escaped overland to Turkey or Pakistan with the help of Kurdish or Bakhtiari smugglers. Among this latter group were teenagers and young single men avoiding the war with Iraq and young single women escaping the restrictions imposed on them by the Islamic regime. The Iranians in the United States represent the various religions that make up Iranian society: religious and secular Shi'a Muslims, Sunni Muslims, Jews, Christians (Armenians and Nestorians), Bahais, and Zoroastrians.

These social divisions among the Iranian refugees are tempered by a common history, culture, and language and by the similarities of experience wrought by revolution, war, immigration, and resettlement, all of which need to be taken into consideration by health care professionals treating Iranians. The experiences of revolution and becoming refugees often affect individual Iranians psychologically and physically as they come to terms with the consequences of cultural

loss: country, language, status, power, economic resources, uses of time, friends, relatives, and family structure.

Some Iranians manifest their cultural and social losses bodily through somatization and psychologically by withdrawal or anger, and clinicians often interpret these behaviors through their own cultural biases and professional traditions. This leads to misinterpreting patients' symptoms and perhaps misdiagnosing them.¹ The problem of interpretation and diagnosis of Iranian patients by Israeli clinicians was the basis of research conducted between 1978 and 1981, on which this article is based. Interviews were conducted with healthy and sick Iranians in Shirāz, Iran, and in Jerusalem, Israel, and with physicians, nurses, psychologists, and social workers in Israel. The Iranians interviewed in Shirāz were Muslim and Jewish, and those interviewed in Israel were Jews who immigrated from various cities and regions in Iran (Tehrān, Isfahān, Shirāz, Mashhad, Kāshān, Yazd, Bojnurd, and Kermān). The goal of the research at that time was to explain why Israeli clinicians had difficulties understanding, diagnosing, and treating their Iranian patients. The information gleaned from that study can be useful for American physicians treating Iranians of various religious backgrounds.¹ My intention here is to refine clinicians' perception of Iranian patients by explaining both dysphoric affects and beliefs about the body in Iranian culture, both of which reflect the themes of social and physical sensitivity.

Socially Sensitive Persons

Sensitivity is a highly valued trait in Iranian culture. It connotes personal, social, and aesthetic awareness, the last

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**TRANSLITERATION OF
PERSIAN VOWEL SOUNDS**

"ā" in *nārāhat* pronounced as ā in father
 "a" in *nārāhat* pronounced as ā in that
 "e" in *esfand* pronounced as ē in sell
 "i" in *nārāhati* pronounced as ē in feet
 "o" in *ghoseh* pronounced as ō in cope
 "u" in *khun* pronounced as ū in moon

being an appreciation for the poetry, music, and art that are so much a part of Persian culture. Social interaction in which people show respect and concern for the comfort of others involves the concept of sensitivity. In part, this has to do with *ta'ārof*—the ritual politeness code—and social hierarchy.² Respect and comfort are also elements that enter into social relationships, with the concept that the inner core of a person is sensitive.^{1,3}

There are problems being sensitive, namely, that a sensitive person feels socially vulnerable and potentially powerless. Some people fear that exposing vulnerability will enable other forces—political, social, familial, economic, or spiritual—to impinge on their selfhood, enabling others to take advantage of them. Weakness or powerlessness also has a physical aspect in that sensitive people may also be weak regarding the physical environment and thus become sick. Because of these problems of sensitivity, it is important to speak kindly, softly, and courteously. Hospitality is given to others by offering tea to guests or to clients in one's office, thereby making them feel more comfortable. The failure to portray this sensitivity would not only reflect on a person's family and create an embarrassing social situation, but it could also engender *nārāhati*—being upset—in others.

Nārāhati (a noun; the adjective is *nārāhat*) is a general term used by Iranians to express undifferentiated, unpleasant emotional and physical feelings.¹ It is not entirely translatable. *Nārāhati* is used to denote a wide range of negative emotions, such as being depressed, inconvenienced, nervous, anxious, troubled, uneasy, worried, upset, disappointed, bothered, not tranquil, being in a bad mood, not feeling well, or restless. The adjective *nārāhat* is used in ordinary conversation to express and describe a variety of adverse feelings, both physical and emotional.

A sensitive person easily becomes *nārāhat*, and this could have social and physical repercussions, with the loss of status or role or the development of illness. With this in mind, the actions, reactions, and words of others are measured and evaluated. If it is possible that another will become *nārāhat* if certain information is revealed, this is done gently, perhaps over time, or maybe not at all. "Even if you want to cut off the head of a man," states a Persian proverb focusing on individual sensitivity and concomitant *nārāhati*, "do so with cotton and not with a sharp knife." So it is when disturbing news, such as someone's death, must be told to a relative abroad: This could take weeks, perhaps months, but decorum has it that the relative should not be alone when he or she hears of the death because the person not only could become *nārāhat* but could suffer from "fright" and thus become physically and perhaps emotionally sick.³

Because of everyday problems, sensitive people always encounter some type of *nārāhati*. This is especially the case with Iranian refugees who grieve for the country and culture they lost as they try to adjust to a new culture and social system. Untoward things happen that can cause *nārāhati*.

What constitutes and causes *nārāhati* and how and to whom people express it often depend on a person's social and familial relationships, economic situation, and general physical health.

Expressing *Nārāhati*

Nārāhati is expressed in specific verbal, nonverbal, or aesthetic idioms—or not expressed at all. People's perceptions of their *nārāhati* influence whether they will manifest or hide it, express it verbally or nonverbally, or mask it consciously (or unconsciously). Revelation depends on the social context, where a person is, with whom, and what the *nārāhati* is. To verbally disclose a "private" *nārāhati*, something that a person feels is a personal problem, is a touchy matter: once again, it could indicate personal weakness or powerlessness, about which others are not trusted, or it could induce *nārāhati* in sensitive people, especially among close relatives and friends.

The *nārāhati* that is expressed verbally is often a "public" or common *nārāhati*: some situation or happening that others could identify with, possibly feel, sympathize with, react to, or help ameliorate, such as being *nārāhat* from not receiving a letter, from waiting in line for a bus, from hearing news on the radio, from an encounter with a friend, relative, or colleague, or from new shoes that give blisters. In this situation people use the term *nārāhat* to define the feeling and the situation that causes it. Frequently, however, people will talk about their troubles and the problems bothering them without mentioning the word *nārāhat* in reference to themselves, but they do use it in reference to others' behavior. For instance, while I was in Iran during the Islamic revolution, many Jews complained to me—a foreigner not affiliated with the community except by religious background—about Jews being *nārāhat* because of the political situation. In the company of friends and relatives inside the walled compounds of their houses, people sometimes spoke openly about being *nārāhat*, but more often they would talk about their problems and fears, never mentioning the word *nārāhat*. To non-Jews, of course, nothing was said because of mistrust that expressing their feelings would invite retaliation against the community.

More common than verbalizing *nārāhati* is expressing it nonverbally. The *nārāhati* expressed nonverbally is usually a private, personal problem, one that others cannot share or have not experienced in the same way as the person who feels distressed, such as specific family matters, economic troubles, or embarrassment and fear of failing school; or it may be a "public" societal situation of social or political events that persons are powerless to resolve, such as war. *Nārāhati* is idiomatically expressed nonverbally in three ways:

- Silence, quietness, and sulkiness, indicative of the sensitive person;
- Avoidance of food, signifying withdrawal from social interaction (as does the first) and possible physical danger;
- Sometimes, more among women than among men, crying, connoting emotionality, the exposure rather than concealment of feeling. "The wife gets upset immediately. She cries," explained an Iranian friend in Jerusalem. "The man goes to the crazy house. He holds it in more, and then he explodes."

In addition to the verbal and nonverbal expression of *nārāhati*, people may opt to mask their dysphoria by neither

talking about it nor displaying nonverbal signals. The rationale for camouflaging *nārāhati* is threefold:

- The concept that *nārāhati* connotes personal powerlessness that distrusted others could exploit;
- The belief that it sometimes signifies *qesmat*—fate—a situation in life with which one is stuck and can do nothing about (also related to feelings of powerlessness);
- The concern that exposing one's own *nārāhati* will make another person *nārāhat*. Masking *nārāhati* prevents intimates from becoming *nārāhat* and prevents nonintimates from knowing a person is weak or powerless.

Anger and Sadness

Two types of emotional expression—sometimes referred to as *nārāhati* but more often further differentiated into anger (*asabāniyat*, the adjective being *asabāni*) and sorrow or sadness (*ghamgini*)—are not masked. These two emotions are acted out in certain contexts and with certain people.

The adjective angry (*asabāni*) is derived from the Arabic word for nerve, *asab*. The term does not mean “nervous” but rather the condition of the nerves not functioning properly, which then creates anger. To be angry is to be out of control. In Iranian society, where self-control in social communication is prescribed, demonstrating anger could entail personal or familial embarrassment or shame, a possible breach in social relationships, or a damaged reputation. An *asabāni* person displays a lack of sensitivity to others, loudness and agitation, screams, does not respect others, and, in fact, makes those around him or her *nārāhat*.

Expressing anger toward others depends on a person's social relationships. Ideally, a person should not show anger by yelling or screaming at a person of higher status. For example, a child should not show anger to a parent, nor should a wife to her husband. In situations of reverse status, however, we can generalize that a father can express anger to his children, as can a husband to his wife or an employer to his employee. But care must be taken to whom and when anger is exhibited in public, even though persons who display anger are usually not held responsible for their actions. Outbursts are often blamed on “sick nerves.” Although there may be causes for anger, like a pent-up *nārāhati*, if a person's nerves were not malfunctioning, the antisocial behavior of anger would not occur. Thus anger is considered to be a somatopsychic phenomenon, with possible social causes and definite social repercussions.

Sorrow or sadness, *ghamgini*, on the other hand, is a deeply felt *nārāhati*, one that can be “seen from the face.” Sorrow, grief, sadness, worry—*gham* or *ghoseh*—are almost poetic feelings in Persian culture. Sadness expressed as conveying the tragedy of life is a valued emotion,⁴ and many times the sadness of the human condition is expressed through the reciting of Persian poetry.

Grief, sorrow, and sadness are indicative of a loss—of a person, a livelihood, a country, or a desire—and can thus be more long lasting and fundamental concerning a person's inner essence than a temporary *nārāhati*. *Ghamgini* is a private emotion publicly expressed, suggestive of the sensitive person in a positive, social, aesthetic sense, connoting the external expression of what is felt internally. *Ghamgini*, as opposed to undifferentiated *nārāhati*, is valued as expressing the tragic in life, which is so much a part of the Iranian religious, historical, and aesthetic traditions. To declare

grief or sorrow, verbally and nonverbally, does not connote personal weakness, as with a private *nārāhati*: the issues causing grief or sadness are the social problems deeply embedded in the Iranian social and cultural milieu and life in general—loss, death, and separation.¹ Refugees, especially, grieving for the loss of their country and culture, experience *ghamgini*.

Both anger and sorrow are types of *nārāhati* in which the external state reflects internal feeling; thus, they are differentiated emotions as opposed to the undifferentiated *nārāhati*. The undifferentiated *nārāhati* can be denied. Anger and sorrow cannot be. They are visible. Whereas anger is disvalued as disruptive and sorrow valued as profound, *nārāhati* is an emotion held private, ideally camouflaged in front of others, and rarely verbalized when deeply felt.

Somatization

When it is inappropriate or disapproved of to verbally or nonverbally express *nārāhati* or anger, some people somatize their problems.¹ The body becomes a metaphor for personal distress, enabling a person to become distanced from personal problems and to not assume responsibility for them, as the problems often are either not acknowledged or are not considered to be related to the bodily symptoms (Figure 1).

In Iranian culture, where people may be reticent to express private *nārāhati*, complaints about bodily discomfort—chest pains,⁵ stomachaches and other digestive problems, and pains in the limbs—are commonplace.¹ The bodily complaints may be consciously used to manipulate others in distressing social situations. They may be actual pathologic disorders, or they may be real physical sensations through which persons somatize their affective states. According to the Iranian cultural conception of the human body and the individual manifestation of illness, the body is sensitive to various elements in the environment—climate, heat, moisture, and food. An imbalance in any one of these elements, such as an oversupply of heat or moisture, or the eating of too much of one category of food causes the body to react with some type of discomfort or *nārāhati*.

Food, Climate, and Illness in Iranian Tradition

The popular system of health care in Iranian culture is based on the Galenic-Islamic tradition of humoral medicine,⁶ perhaps best elaborated by Ibn Sina (980–1037—known in the West as Avicenna), an Iranian who wrote in Arabic and a physician, philosopher, and poet who developed his system of medicine from Arabic, Greek, Latin, and Indian philosophers. According to Ibn Sina, two worlds existed, the perfect outer sphere of the stars, planets, and celestial beings and the sublunary world of generation and decay in which human beings, animals, plants, and minerals exist.⁷ Their existence was dependent on compounds of the four elements—fire, air, water, and earth—and different proportions of the qualities of hot, cold, wet, and dry. The physiology of human beings, in addition, was determined by a balance between the four humors and their qualities: blood—hot and moist; red bile—hot and dry; phlegm—cold and moist; and black bile—cold and dry. Each person had a unique temperament derived from a distinctive balance of the four humors. Temperament, considered to be the physical constitution rather than the personality of a person, varied according to age (youths warmer, old people colder), sex (females colder, males warmer), race, and climate.

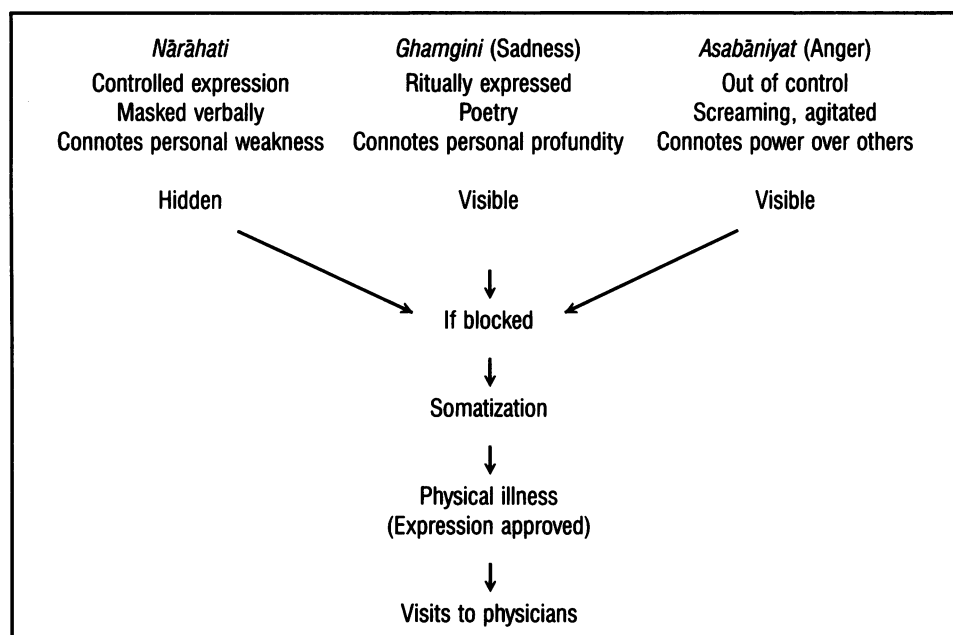


Figure 1.—The diagram shows the principal emotions that lead to somatization in Iranians.

Ibn Sina's precepts of medicine survive today in Iran and among Iranians abroad in the form of the hot-cold food system, conceptions of climatic influences on health, and notions of individual temperament. The qualities of hot, cold, moist, and dry in the maintenance of health are articulated not in terms of the humors but of food and climate as they affect individual temperament. As each person has a different temperament, what may be beneficial for one in terms of diet or climate may be harmful to others. Conceptions of the way the body reacts to certain aspects of the environment form part of the cognitive framework, which then influences physiologic reactions: those who believe that certain elements in the environment cause or cure sickness are more likely to get sick or well from these elements.

In Iranian culture all foodstuffs are categorized as hot or cold, with a number of foods classified as neutral, having neither a hot nor cold valence. The terms hot and cold refer to qualities, the essence or character of things. If too much of one quality of food is eaten, sickness could result. Health is maintained by diet as long as a person's individual equilibrium of hot and cold is not upset. Eating too many hot foods (or cold) can create a reaction that may be ameliorated by ingesting foods or herbal medicines of the opposite quality. Precaution is taken concerning the consumption of foods so as not to produce adverse reactions.

An imbalance in the hot-cold equilibrium of the body causes physical problems. Consuming too many cold foods in one day or at one meal, such as too many mulberries or several pomegranates, without eating an equivalent amount of hot foods (these amounts are judged according to the qualities of hotness or coldness contained within each particular food) can induce nausea and vomiting. To counteract this nausea, people drink tea, which has the quality of hot in addition to the hot temperature, with *nabat*, crystallized sugar akin to rock candy, which is considered to be very hot.

Eating too many hot foods at one time can cause headaches, rashes, pimples, sore throat, and sore mouth, although not all necessarily simultaneously. Which reaction a person gets from eating too many hot foods depends on that person's constitution. To counteract the effects of eating too

many hot foods, people consume some cold food or drink, such as oranges, pomegranates, or *āblimu*, a sour lemonade. Certain physical problems resulting from the overconsumption of hot foods can be ameliorated by specific foods: headaches, citrus fruits and *āblimu*; pimples, *āblimu*; sore mouth, thickened pomegranate juice; sore throat, *āblimu*, sweet lemons (a fruit native to Iran), or hot milk.

Sickness is not caused solely by the overconsumption of one category of food, however. If someone does not feel well and if no dietary difference can be ascertained, then food is ruled out as the causal agent. Although foods might not have caused the symptoms, special foods and herbal remedies are used in Iranian folk medicine to treat the problems. Symptoms are not in themselves classified as hot or cold. A cough, for example, may or may not be due to the common cold; yet, some foods are bad for coughs and colds, such as pickles, which are cold, and sweets, which are hot; other cold foods, such as turnips, are considered beneficial for coughs. Stomachaches and nausea, which could be attributed to eating too many cold foods, may be caused by a malfunctioning of the gallbladder, which secretes too much bile into the stomach. This is considered the cause of nausea from motion sickness. Whatever the cause of the ailment, however, the same herbal teas or infusions are given: tea with *nabat* (rock candy) for a stomachache or nausea, *āblimu* for a headache or sore throat.

Herbal remedies are a major part of Iranian popular medicine. These include dried flowers, seeds, leaves, and berries that are steeped in hot water (or sometimes cold) and drunk for a variety of ills, ranging from digestive problems of nausea, stomachache, diarrhea, and constipation, to the more refined aspect of digestion, "cleaning the blood." In addition, there are herbal remedies for "cleaning the kidneys," gas, coughs, sore throat, bone aches, fevers, nerves, and fear. Some of the traditional medicines are used to treat a variety of sicknesses that may have different causes. Two of the most common of these all-inclusive medications are flat brown seeds called *khākshir* (London rocket-seeds, *Sisymbrium irio*) and dried purple flowers called *gol-i gāv zabān* (foxglove, *Digitalis purpurea*).¹ *Khākshir* is used for stomachaches, diarrhea, constipation, nausea, fever, and "dirty

blood.” These tiny brown seeds are rinsed several times in water and then drunk with the water. They go through the digestive system undigested and are expelled whole, thus working as an abrasive, taking out with them the various poisons that are believed to cause the symptoms.

Gol-i gāv zabān is steeped in hot water and sometimes drunk with *nabāt* and is used for nerves, fear, pains of unknown origins, and blood. One man described his using *gol-i gāv zabān*:

For blood and fear. My wife's brother-in-law died of a heart attack. The whole family drank it because of fear and crying a lot. It is also good for blood. When the woman gets her period, she drinks *gol-i gāv zabān*. It gives strength.

One ailment concerning blood in Iranian culture is *kam khun* (blood deficiency). It develops from excessive bleeding, as in menstruation, from an accident or operation, or from an improper diet in which not enough blood is created. The main symptom of *kam khun* is physical weakness because there is insufficient blood to nourish the body. A well-nourished body is considered healthy and thus not prone to *kam khun*, although women of childbearing age are liable to develop it due to menstruation. Thinness, a sign of improper nutrition, is associated with *kam khun*. Because there is insufficient blood to nourish the nerves, a secondary result of *kam khun* is weak nerves, not in the sense of feeling lethargic but in the sense of *asabāni*, the nervousness that easily provokes a person to anger or excitability. The nerves malfunction and the person angers easily. Another result is headaches due to a lack of blood in the head.

Kam khun is treated with tonics, infusions, and foods, especially liver, lentils, and spinach, three foods high in iron. These foods in Western popular medicine are used to treat anemia. *Kam khun* may be analogous to anemia because both involve blood and weakness. The Iranian discourse of *kam khun*, however, is not concerned about the structure of the blood in the way anemia is. Rather, it concerns an entire range of ailments involving weakness, thinness, headaches, and nervous disorders. *Kam khun* is considered a physical ailment, and its manifestations are due to physical causes. In other words, weakness, lethargy, agitation, and irritability are considered somatic ailments, originating at times from a lack of blood. *Kam khun* exemplifies that a somatopsychic view of the workings of the body is more prevalent than a psychosomatic view. In fact, we may say that a somatopsychosomatic view of illness prevails.

Another ailment that many middle-aged and older Iranians suffer from is rheumatism. It is thought to be caused by living or working in damp, windy, and cool places. Thus, as derived from traditional Greco-Islamic medicine, the climate is the causal factor in this illness, moisture being the culprit. Moisture is associated with coolness and with winds. Winds (*bād*) can enter the body, create pains or cramps, and cause rheumatism or exacerbate it. Also, certain foods or food combinations are known to cause winds in the stomach and abdomen, such as eating yogurt and melon together.

Older men and women commonly complain about the pains in their limbs. When they were children, they say, and throughout their lives in Iran, they slept on a mattress on the floor, and the floor was cold and damp. Or they would bathe in the public bath or in a small pool in the family courtyard, “catch a wind,” and get sick. Women are particularly prone to pains in their arms, and it is common to complain about the pains in a high-pitched voice, rub the afflicted area with the

arm that feels normal, and attribute the pains to years of doing housework for their families.

What Should Clinicians Do?

As is often the case with refugees and immigrants who are uprooted from their culture of origin, Iranian refugees suffer from a variety of illnesses, some actual physical ailments (cancer or heart disease) and some somatized ailments, such as *kam khun*. Many Iranians may be experiencing depression, manifested emotionally as being *nārāhat*, *ghamgin* (sad), or *asabāni* (angry), and designated through somatization. Depression in Iranian refugees is a consequence of difficulties adjusting to the United States—family problems, financial predicaments, and communication dilemmas—all of which influence individual health, whether or not the patients are educated, rich or poor, Muslim, Christian, Jew, Bahai, or Zoroastrian. The problems of accommodating to a new society and the frequent *nārāhati*s resulting from it need to be taken into consideration by clinicians when treating Iranian patients.

Iranians in the United States may manifest depression, somatization, or real physiologic problems, and older, more traditional Iranians may do so in culturally distinctive ways, such as complaining about their pains in high-pitched voices, showing respect for physicians by speaking quietly, and bowing the head. Although many Iranians see no connection between personal problems and physical pain and often do not like to talk about their personal problems, acknowledging their social situation could be beneficial. For example, while taking a medical history, it may be helpful to ask the patient about difficulties adjusting to life in the United States:

How long have you been in the US? Do you miss Iran? Is your family here or in Iran? What kinds of things are difficult for you here in the US? How is your family—children, spouse, siblings, parents—adjusting to living here? I read something about *nārāhati*. Could you explain it to me? What kinds of things make you *nārāhat*?

To avoid making a patient *nārāhat* if bad news is to be conveyed (such as a diagnosis of cancer), care should be taken to provide this gently over a couple of visits. The kind of honesty regarding diagnoses that American clinicians are prone to use should be toned down and the family enlisted as support for the patient. The clinician could ask the patient about traditional remedies being used, such as *khākshir* or *gol-i gāv zabān*. If a drug is prescribed that is contraindicated for digitalis (*gol-i gāv zabān*), then the clinician should advise the patient not to take the herbal remedy while taking the prescribed drug. Otherwise, the clinician should encourage Iranians to take their own herbal remedies and to follow the hot-cold dietary regulations unless certain foods are to be avoided. It should be noted that in Iran there are few obese people, and this is probably related to following the traditional balanced diet.

Iranians in the United States represent a broad spectrum of the Iranian population. Because of the educational, financial, religious, social, and political differences among the Iranian refugees, clinicians must guard against stereotyping. Not all Iranians practice the hot-cold food distinctions or take herbal medicines; neither do people express dysphoria in the same ways. Whether or not their Iranian patients talk about emotional and physical sensitivity, how hot and cold foods and the climate influence the body, or the reluctance to express personal *nārāhati*, an empathic ear and learning to

listen cross-culturally will benefit clinicians trying to interpret the problems of their Iranian patients.

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* * *

Shadow and Echo and Jade

Perhaps only a single blossom
from the whole bouquet will bloom.

Perhaps only a single, lonely cornstalk
rises in the field.

Shadows cannot be held;
echoes cannot be harnessed.

Poor work is an eyesore and obvious:
it cannot be woven into music.

When the mind is caged and separate,
the spirit wanders
and nothing is controlled.

When the vein of jade is revealed in the rock,
the whole mountain glistens.

Images must shine
like pearls in water;

the thorn-bush, left unpruned,
spreads in glorious disarray.

A common song sung to a great melody
is another way to find beauty.

LU CHI©
translation by Sam Hamill

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